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ABSTRACT

Special education teachers (N=405) were surveyed on the Maslach Burnout Inventory (MBI) to determine the existence of teacher burnout. Ninety-one percent (371) of the respondents were classified as not burned out. Thirty-four (8.4%) were classified as burned out, a lower percentage than for other types of teachers. Findings suggested that possibly one-third to one-half the Ss may be rapidly approaching burnout as measured in terms of emotional exhaustion, depersonalization, and low feelings of personal accomplishment. Demographic data appeared to be relatively poor predictors of burnout. Seventy-five percent of the teachers knew one to ten or more persons who had dropped out of special education. Symptoms of burnout and suggestions for remediation are included. (CL)

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TEACHER BURNOUT IN SPECIAL EDUCATION - MYTH OR REALITY?

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by

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TEACHER BURNOUT IN SPECIAL EDUCATION - MYTH OR REALITY?

Introduction

Walsh (1980) and Weiskopf (1980) suggest that teachers of handicapped children are subject to a syndrome currently known as burnout. Special education teachers may be particularly subject to burnout due to the stress of meeting the varied needs of handicapped children and youth.

Maslach's (1976; 1977; 1978) research at the University of California at Berkeley with persons in the helping professions (non-teachers) has determined that burnout results in personnel dropping out of the helping professions. For personnel who experience burnout, but do not dropout, other serious consequences may result. Maslach (1976; 1977; 1978), Weiskopf (1980), Moses (1980), Freudenberger (1977), Cooper and Marshall (1976), Pines and Kafry (1978) and others report various debilitating effects. Among those reported are: serious health problems, such as ulcers, heart disease, nervous disorders; lessened quality of services provided to clients; poor educational programming; negative attitudes; family problems; and less concern with the emotional needs of other persons.

Burnout Defined

Just what is "burnout?"

In the 60's the term "burned-out" was generally used to describe

a person who had "popped one too many strange-looking pills." Recently, however, burnout has taken on new meaning. There are many varied definitions and theories that attempt to describe this syndrome. We would like to present a few of these, in order for you to better understand just what this "mysterious ailment" is.

1. Potter describes burnout as "the impairment or destruction of the motivation to work," and says it is a cumulative process, beginning with small signals, that unheeded, can progress into a profound and lasting dread of work. She stresses that the symptoms of burnout and the symptoms of stress are closely related which results in confusion. Stress is not by itself - burnout. Potter believes that some of the factors contributing to burnout include stress, work overload, bureaucracy, inadequate job definitions, and skills deficiency. The burned-out person, by Potter's criteria, goes thru a hate feeling toward work, anger toward work.

2. Maslach's theory of burnout relates to persons in any helping profession where people work intensely with others, dealing with and learning about their psychological, social, or physical problems. The major components of burnout, according to Maslach, are emotional exhaustion, depersonalization, and low feelings of personal accomplishment. The worker, due to the stresses of the situation, loses all concern and emotional feeling for the persons they work with and come to treat them in detached, dehumanized ways. Cynical, negative feelings about people develop. These negative attitudes result in poor service delivery; low worker morale, absenteeism, and high job turnover. If these stresses are not resolved at the work site, they are often

resurrected at home resulting in family disputes. Unfortunately, Maslach reports, a common response to burnout is quitting the helping profession.

3. Pine's defines burnout as "physical, emotional, and attitudinal exhaustion. It begins with a feeling of uneasiness. The joy of teaching begins to slip away. Not just for a day or week, but permanently." Symptoms include sleeplessness, depressions, being physically run down, and being tired all the time. Minor physical maladies such as frequent colds, headaches, dizziness, or diarrhea may manifest themselves. Left unchecked these maladies may turn into ulcers, colitis, asthma, loss of appetite, or loss of sexual interest.

4. Freudenberger defines burnout as failing, wearing out or becoming exhausted thru excessive demands on energy, strength, and resources. The process may be so gradual that the person is unaware of it. A primary warning signal is the worker expending increasing effort with lessened results.

5. As you can see, many of the definers of burnout use symptoms as definition. The exception to this, however, is a theoretical approach by Moses. Moses believes that defining and treating the syndrome by symptoms is an error. He believes, that the professional knows how to "prioritize and reorganize" and knowledge of the etiology (make-up) of the syndrome--is necessary in order to understand and cope with burnout. The primary treatment according to Moses theory is self-examination. In his theory, there are four component parts that can contribute to burnout: (1) the adult developmental stages of crisis; (2) the issue of exhaustion/coping; (3) the need to deal with

existential issues; and (4) the grief issue concerning dissolution of dreams. There is overlap and flow between each of these parts.

#1) Emotional disturbances can occur as a result of internal conflicts that occur at each level or developmental stage of adulthood. Major issues are confronted and dealt with at each stage. For example, in young adulthood, the major issue dealt with is intimacy. Young teachers dealing with this issue may be primarily concerned with "being liked." This may result in continuous "giving" of themselves without sufficient emotional return - resulting in emotional depletion.

#2 & 3) Exhaustion can result, with teachers, from the concern that there is not enough time to do all that is needed and required. Exhaustion may take two forms: fulfilled exhaustion (when a person has attempted to accomplish a great deal but is able to feel good about what has been accomplished) or depleted exhaustion. Depleted exhaustion occurs when the person feels that no matter how much is given, it will never be enough. The person is unable to "take" in return for the giving and inner resources are depleted. Development of coping mechanisms are necessary to deal with exhaustion. Coping mechanisms include building (1) a self-evaluation system, (2) devaluing the worth of external judgments, (3) enlarging one's scope of values, and (4) shifting what you accept as a value. By changing your value systems, you are able to replenish inner sources. The need to deal with existential issues is a part of developing coping mechanisms and self-value systems.

#4) Grief - Moses believes that burnout is, also, a grief issue. We enter the field, as young teachers, "fired up" over the

dreams of what we will be and what we will accomplish. Discrepancies begin to occur when reality "hits," and collides with the dream. A grieving process begins over the "loss of the dream." This process contains the same facets as any mourning process: guilt, denial, depression, anger, and anxiety.

Getting "stuck" in any of these facets results in rigidity - burnout. In successful grieving the person brings their dreams closer to reality and reality closer to their dreams.

Moses also believes that for special education personnel, it is imperative that they face the fact that they cannot "make it go away." No matter how hard they work, the disability will remain--and our purpose is to help the child adjust to his handicap.

In my opinion, however, the most succinct, descriptive, understandable definition of the feelings of burnout was expressed by one of the respondents to our study. This person wrote a note at the end of the inventory that said "In the words of my favorite song - you can take this job and _____ I ain't workin' here no more, no way."

Teacher Burnout Study

The objectives of our research in teacher burnout were to:

1. Determine the existence of the burnout syndrome in special education teachers.
2. Assess the scope of burnout within the population being studied.
3. Compare the prevalence of burnout between various special assignments within the special teacher population.
4. Compare the findings with the research being completed with other populations.

Population Studied

The population surveyed included all public school special education teachers employed in seven special education joint agreement districts covering twenty counties in southern Illinois (N=576). This population included teachers in self-contained classrooms, resource rooms, and itinerant teachers. These teachers were involved in the education of educably mentally handicapped, trainable mentally handicapped, learning disabled, hearing impaired, blind and partially sighted, emotionally disturbed, physically handicapped, pre-school handicapped, severe and profoundly retarded, or combinations of the various categories. Speech therapists, physical therapists, and school nurses within the target districts were not included in this investigation.

Instrumentation

The instrument used to measure burnout in the special education teacher population was the Maslach Burnout Inventory (MBI) devised by Christina Maslach and Susan E. Jackson (1981) at the University of California, Berkeley. Maslach's Burnout Inventory contains three normative scales. Persons scoring above the standardized mean on two of the subscales (emotional exhaustion and depersonalization) and below the mean on the third (personal accomplishment), are considered to be "burned-out."

Subjects respond to various statements on the MBI in two ways. The first, frequency of feeling (how often), is measured by either a check in the box by the word "never" or on a scale of one to six.

"One" represents a few times a year or less. "Six" represents every day. Second, intensity of feeling (how strong) is measured on a sliding scale of one through seven. "One" is very mild, barely noticeable. "Four" is moderate. "Seven" is major, very strong.

A questionnaire, requesting background information, accompanied the MBI. Data requested includes items such as age, sex, amount of time spent in the classroom, number of years spent teaching, level of education, type of handicapped child taught, type of teaching assignment (self-contained, resource, itinerant) grade levels taught, marital status, and greatest and least satisfactions gained from teaching responsibilities. In addition, respondents were asked, "Do you know any persons who formerly taught special education and are now either in a different profession, or are teaching in the regular classroom? If so, how many?" And "Do you wish to continue teaching for the next five years?"

A cover letter by the researchers prefaced the questionnaire/inventory. The cover letter contained statements that ensured the confidentiality of subjects and their responses. In addition, the letter contained a statement telling of the co-operation and knowledge of the joint agreement director in the project.

Data Collection Procedures

The directors of special education were contacted by telephone to elicit their aid in the proposed study. Written information followed the telephone calls outlining the study objectives and expressing the wish for their interest in participating in the project.

On-site visits were then scheduled to discuss the project. During these personal visits, the project outlines, measures to be used, and objectives of the study were presented. In addition, the directors who decided to participate in the study were informed that a contractual agreement regarding the release of data would be presented to them, if they desired.

Collection of data varied due to input from the joint agreement directors. Whichever means was determined to be the most expedient for reaching their personnel was the one used. A cover letter from each joint agreement director participating in the study prefaced the questionnaire/inventory sent to teachers in the director's district.

Data Analysis Procedures

To determine the existence and scope of the burnout syndrome, means were calculated for each of the subscales of the MBI for each subject. A determination of burnout was made by comparing these means for each subject with the standardized means for the sub-scales of the MBI. A total of the subjects qualifying as "burned-out" was compared with the total "N" to show a percentage and/or frequency of burnout.

A stepwise multiple regression procedure was employed to determine which factors gathered in the subjects' background data correlated most highly with burnout (i.e. type of handicapped child taught, type of teaching position, etc.). Stepwise procedures were also run for each of the individual subscales for persons scoring as "burned out" in each subscale. In addition, the number of persons scoring as burned out in each subscale was compared with the total "N"

of the sample. This provided information of the numbers of persons who were "at risk" in terms of burning out, but did not qualify as burned out by scoring as such on all three subscales of the MBI.

Chi square tests with contingency tables were utilized to compare the burned out and not burned out groups on the basis of the factors related to special teacher position. Those factors included: type of teaching position (i.e. itinerant, self-contained); type of handicapped child taught; and grade level handicapped child taught.

Finally, the results of this investigation were compared to the findings of current research being completed with other populations.

Results

Five hundred seventy-six (576) teachers received the questionnaire/inventory in the seven joint agreements surveyed. Four hundred eleven (411) questionnaires were returned, representing a return rate of seventy-one and four tenths percent (71.4%). Six were determined unusable. The total number (N) of entries submitted for data analysis was four hundred five (405).

Three hundred seventy-one (371) teachers surveyed were classified as not burned out. This number represented ninety-one and six tenths percent (91.6%) of the population.

Thirty-four (34) teachers surveyed were classified as burned out as measured on the MBI. This number represented eight and four tenths percent (8.4%) of the population. The burnout rate for the individual districts ranged from sixteen and four tenths percent (16.4%) to four percent (4%).

Percentages of the total (N) were calculated for each of the subscales of the MBI. Persons scoring above the mean on subscale one (emotional exhaustion) measured thirty-two and one-tenth percent (32.1%). The percentage of persons scoring above the mean of subscale two (depersonalization) was twenty-one (21). The percentage of persons scoring below the mean on subscale three (personal accomplishment) was fifty-four and one tenth (54.1).

Data used to evaluate the study objective, "Compare the prevalence of burnout between the various special assignments within the special teacher population," was analyzed by calculation of chi-squares and using the cross-tabulation contingency tables for the various factors involved. The variables compared were: type of teaching position--itinerant, self-contained, resource, cross-categorized, and combination (Factor 1); type of handicapped child taught--learning disabled, behavior disordered, educably mentally handicapped, trainable mentally handicapped, physically handicapped, blind, partially sighted, deaf, hard of hearing, severe and profoundly retarded, and various combination of the above (Factors 2 & 3); and grade level handicapped child taught--pre-school, elementary, intermediate, junior high, high school and across grades (Factor 4). The two way tables used the groups, "burned out" and "not burned out" as column variables. The subcategories of each variable were the row variables. Results show that none of the categories proved any item to be significantly related to burnout at the .05 level.

This same analysis was applied to each of the subscales of the MBI in an attempt to determine the prevalence of qualifying scores for

each subscale by the special assignment categories. Subscale "emotional exhaustion" showed no significant prevalence for any of the factors. Subscale Two, depersonalization, showed no significant prevalence for any factors. Subscale Three, personal accomplishment, showed nonsignificant results for all the factors, except one. For Factor Two, type of handicapped child taught, the probability level was significant at the .0183 level. The analysis showed teachers of behavior disordered children more likely to score below the mean on personal accomplishment. A score below the mean on this subscale is one of the three criteria for burnout on the MBI.

A stepwise procedure was initiated using all the variables established in the demographic data. Those variables included sex, marital status, age, length of time teaching at present school, length of teaching handicapped children, teaching degree held, type of handicapped child taught, grade level child taught, and type of teaching position. The dependent variables used were total burnout and qualifying scores on subscale one, subscale two, and subscale three. The stepwise procedure initially was run at a significance entry and stay level of .005, in order to account for a family wide error rate due to the number of variables. No variables met the .005 level of significance. Subsequent procedures were initiated at the .0075 level, the .01 level, the .05 level, and the .1 level of significance. No variables met the significance level for entry into the various models for each of these stepwise procedures.

Comparison of the findings of this research, varied with research results of studies of the scope of burnout in other populations.

The rate of teacher burnout among special education teachers in this study (8.4%) was lower than that obtained by Belcastro (1980) and Belcastro and Gold (1981). Belcastro (1980) found a burnout rate of fifteen percent (15%) with parochial school teachers in Ohio. Belcastro and Gold (1981) found a rate of eleven percent (11%) with public school teachers in Southern Illinois.

Additional information was gathered related to burnout based on the demographic data requested. The question "Do you know any persons who formerly taught special education and are no longer in the field? If so, how many?" yielded the following results: sixty and six-tenths percent (60.6%) knew 1 to 3 teachers who were no longer teaching special education; twelve and five-tenths percent (12.5%) knew 4 to 6 teachers who were no longer in the field; two percent (2%) knew 7 to 9 teachers who had dropped out of teaching the handicapped; and two percent (2%) knew 10 or more teachers who were no longer working in special education.

The question "Would you like to continue teaching for the next five years?" also, was asked. Nineteen and six-tenths percent (19.6%) of the respondents indicated "no," while four and one-tenths percent (4.1%) checked the answer "uncertain."

The least satisfying teaching responsibilities were measured, also. Eighty-three and two-tenths percent (83.2%) of the teachers identified paper work (i.e. IEP's, records) as least satisfying. Staffing meetings were considered least satisfying by eight and four-tenths percent (8.4%).

Conclusions

Burnout as measured by the MBI is a reality with special education teachers. Regardless of the various theories of cause, the emotional exhaustion that results in poor job performance and physical ailments does exist in our field.

The rate of burnout as measured by this study is lower for this population than for other types of teachers. The possibility exists that special education teachers do not burnout as readily as other teachers. Perhaps special education teachers are better emotionally prepared to deal with the types of problems encountered in teaching. They may enter the teaching profession cognizant of the fact that teaching is stressful and problem filled because they enter a teaching career aware that the recipients of their services come with serious problems.

Another possibility for the lesser rate may be a result of large numbers of burned out teachers having already dropped out of the profession. This conclusion is based on the large numbers of persons responding to the question, "Do you know any persons who formerly taught special education and are no longer in the field?" The frequency of response to this question and the large numbers of persons they indicate, would result in a high dropout rate. It is possible, also, that a number of burned out special education teachers may have dropped out of special education into regular education and be adding to that burnout rate.

The possibility exists that higher burnout rates may result from different environments surrounding special education teaching.

The disparity of burnout rates for the individual districts as demonstrated by the range cited for this population (sixteen percent to four percent) may be indicative of this. Administrative style, definition of class makeup, and supervisory involvement, or lack of it may be factors in this disparity.

A concern raised by this research is the number of persons who may be in danger of burning out. Maslach's definition of burnout requires the three facets of emotional exhaustion, depersonalization, and low feelings of personal accomplishment. The three combined are necessary for a respondent to qualify as burned out. However, it is possible that qualifying scores on the individual subscales are indicative of persons approaching burnout. If these percentages recorded are indicative of persons in danger of burning out, a very serious problem exists for special education. Possibly, one-third to one-half of our teachers may be rapidly reaching burnout. However, the high rate of return of the questionnaire (71%) may indicate these teachers willingness to participate in remediations and their concern about this problem. Almost ten percent of those returning the questionnaire took the time to further explain their feelings by means of comments and letters to the researchers.

The demographic data used appeared to be relatively poor predictors of burnout. These variables included age, sex, marital status, level of education, length of time spent at present school, length of time as a teacher of the handicapped, type of teacher position, type of handicapped child taught, and grade level handicapped child. It would appear that we should look for burnout symptoms rather than

trying to predict persons most subject. However, it may be that this study did not measure the most important variables associated with burnout.

Symptoms and Remediations

If special education is to retain their professionals in the field, they must recognize this syndrome. Attempts must be made to identify symptoms of burnout in its early stages. Measures already exist to help in treatment and intervention. By identifying the population experiencing burnout, according to these criteria, depletion of our most valuable resources--experienced teachers--may be prevented.

Since we now know--for certain--that special education teachers are subject to burnout--let me give you some of the symptoms for your own self-examination.

Marks & Ryerson

symptoms: chronic fatigue, low energy, irritability, negative attitude toward themselves and their jobs.

Potter

symptoms: hate feeling toward work, anger toward work, frustration, emotional withdrawal, interpersonal problems, depression, physical complaints, drug usage, declining performance and efficiency on the job, feelings of helplessness and uncontrollability.

Maslach

symptoms: distancing from clients/students; loss of concern for persons, cynical, negative feelings about people (one is working

with resulting in poor service delivery to the people in need of help); resulting in low worker morale; absenteeism and high job turnover, problems at home developing from work stresses; desire for solitude.

Pines

symptoms: sleeplessness, depression, being physically rundown and being tired all the time--minor physical maladies--frequent colds, headaches, dizziness, diarrhea; in later stages--ulcers, colitis, asthma, loss of appetite, loss of sexual interest, heart disease.

If you recognize some of these symptoms in yourself that have continued over time--you need to consider solutions. What can you do about it? I have combined several remediations/suggestions to present to you.

Step 1

First, Feinberg suggests, determine whether your depression is internalized or due to external pressure. If you're happy when away from your job, you know it is an external problem and you can seek solutions there.

Step 2

Moses suggests that there may be a <u>combination</u> of work pressures and internal pressures. Self-examination is necessary. You must ask yourself--Am I going through any life crisis at this time? Are my coping mechanisms sufficient? Am I asking too much of myself--being unrealistic in what I can do? Am I stuck in grieving about the dream I had of what I can accomplish? Look into yourself--

examine your values and your needs. Try to determine what makes you unhappy.

Step 3

For step III, I have combined some of the more practical remediations from several sources:

1. If possible, switch assignments for a year (grade level or type of assignment); an ideal solution, but not always possible (Feinberg).
2. Do something different on evenings and summers (Feinberg).
3. Use the school's facilities for athletic workouts (exercise relieves tension) (Feinberg).
4. Hold mini-workshops with other teachers to share ideas (DuBrin).
5. Keep alert to changing methods and philosophies (DuBrin).
6. Attend workshops and conferences with an open mind (DuBrin).
7. Don't talk about only school after hours (DuBrin).
8. Do air problems with other teachers and listen to their troubles, too (DuBrin).
9. Keep alert physically and mentally (DuBrin).
10. Have hobbies and interests outside of teaching (Paulus).
11. Develop "teacher advocate plans" where older teachers help new teachers in their first two years (Special Report).
12. Try team teaching in groups (Pines and Kafry).
13. When feeling particularly depressed, take a mental health day. This day off should be spent indulging yourself in the solitude of your home or pampering yourself with lunch in a nice

restaurant (Pines and Kafry).

14. Try to learn to leave problems at work and keep home a place to enjoy. Recount good experiences, there, for reinforcement (Pines and Kafry).
15. If possible, lighten your load outside of school by finding help for extra jobs at home. Attempting to maintain 2 fulltime jobs will result in one of them becoming a chore (Pines and Kafry).
16. Do not isolate yourself from staff other than special educators (Weiskopf).
17. Delegate responsibility to teacher aides or parent volunteers for paperwork and non-teaching duties to relieve pressure and reduce workload (Weiskopf).
18. Set realistic goals for yourself and your students and program success into your plans (Weiskopf).

Hendrickson says it is important not to rely on negative ways of dealing with burnout (ex. overeating, drinking too much, taking tranquilizers, withdrawing).

He also says to realize that you are responsible for how you respond to the crisis, but not for external factors.

Addendum

Perhaps the most frightening of all of the results of our study is the astoundingly high numbers of persons who have dropped out of our field. Seventy-five percent (75%) of the teachers knew 1 to 10 or more persons who had dropped out of the field of special education. That information is particularly distressing because of

another piece of information found.

This most valuable piece of information, derived from the study, was the resiliency, sense of humor, and concerns for students shown by the respondents. Our information shows special education teachers to be very "special" indeed. Time does not allow me to share all of the comments with you. Comments such as: "When I feel like I'm at the end of my rope, I just tie a knot and hang on"; "I love the kids, and get a lot of joy from them . . . but recently I have to fight to stay calm . . . I wonder what's happening to the great teacher I used to be"; "My problems stem from . . . worrying if I am providing what my students need" indicate a warmth and level of feeling of a very "special" type of person. Ten percent (10%) of those returning the questionnaire/survey took the time to further explain their feelings and concerns by means of comments and letters to the researcher. Various comments and concerns expressed show frustrations but also an awareness and positive thinking about possible causes and solutions of burn-out. It is because of the loveliness of the persons displayed in our study--we can truthfully say to you--you are indeed very beautiful persons. Please, if you suspect that you are in danger of burning-out, or are experiencing symptoms of burning-out--ladies & gentlemen recognize those symptoms and seek resolution. We do not want to lose you.

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